**Finger Knitting**

Learn how to knit with your fingers in this 6 -week program! Participants will learn how to knit scarves and hats using just their fingers and yarn! No experience necessary and all yarn will be supplied. Join Mrs. Hughes for a fun afternoon activity. This program is perfect for children in grades 1-6.



**SESSION SCHEDULE**

Tuesdays February 4th- March 17th

(No session on 2/18 due to school vacation)

2:45 – 4:00 p.m.

Center School Cafeteria

[This Photo](http://www.creativejewishmom.com/2012/06/kids-ki.html) by Unknown Author is licensed under [CC BY-NC](https://creativecommons.org/licenses/by-nc/3.0/)

**COST:** $75- per participant

**REGISTRATION DEADLINE:** January 20th

**Space is limited so sign up today!**

Register on-line at [www.mattrec.net](http://www.mattrec.net)

Like our Mattapoisett Recreation Facebook Page

$10 off each additional sibling signed up to participate in this program.

Late registrations will only be accepted if space is available.

Parent pick-up is at Center School Cafeteria at the end of each class.

** Finger Knitting**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M/F Age: \_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_ Parent(s)/guardian(s) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Pick up: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Contact # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medical condition(s) or allergies we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am registering for the Finger Knitting Program on Tuesdays @ 2:45 p.m. ($75) \_\_\_\_\_**

**Registration Deadline is January 20th** \*Late registrations will only be accepted if space is available.

Register on-line at [www.mattrec.net](http://www.mattrec.net) or make checks payable to Town of Mattapoisett

Mail to: MATTREC P.O. Box 435 Mattapoisett, MA 02739

**\*\*\*\*\*\*\*MATTREC PROGRAM RELEASE\*\*\*\*\*\*\***

I agree, by signing below, that I give permission to either Center School or Old Hammondtown, to dismiss my child to the appropriate MATTREC program in which they are enrolled. I, further, authorize my child to take the school bus to Center School or Old Hammondtown as necessary so they may attend said program.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Mattapoisett Recreation Committee approved a **ZERO TOLERANCE POLICY** to address adverse situations that may occur at any town related sporting event or activity. Our policy includes unruly and/or verbally abusive parents, spectators, coaches or players. Anyone, whose action disrupts, shows poor sportsmanship or in any way adversely affects the participants or programs offered by the committee will be subject to the following: At the discretion of the Recreation Director, Committee member or Game Official, the offender(s) will be asked to leave the building or immediate playing area. Depending on the severity of the incident, further action may be required. **Read and Accepted**

Player Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**RELEASE OF CLAIMS, IDEMNITY AND HOLD HARMLESS AGREEMENT**

I, the undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,(**insert your name or name of parent/legal guardian if minor participant)** as parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**insert name if minor is participating in the program)** do consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s\_\_ (**participants name**) participation in voluntary athletic or recreation program(s) of the Town of Mattapoisett.

I also agree to forever release the Town of Mattapoisett, and all of its employees, officials, agents, board members, volunteers and any and all individuals and organizations assisting with the athletic or recreation activity programs ( The ‘Releasees”) from any and all claims, rights of action, causes of action, damages, costs, compensation and attorney’s fees, that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s (**name of participant**) resulting from my participation in athletic or recreation activity program(s).

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal INJURIES OR DAMAGE TO ANY Town owned property resulting from participation in athletic or recreation activity programs. I also promise to fully reimburse the Town for any property loss or damage as a result of participation in such programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that participation in Town athletic or recreation activity programs is entirely voluntary and that I am free to choose not to participate in said program or have my minor participate in said program. By signing this Form, I authorize participation in athletic or recreation activity programs with full knowledge that the Releasees will not be liable for any damage or injuries resulting from my participation in this program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature *Parent/Guardian Signature (if minor \**THIS FORM MAY NOT BE ALTERED**

**MATTAPOISETT RECREATION POLICIES**

Programs will not occur on school holidays, vacations, scheduled early release days, or holiday weekends unless otherwise stated. If ORR School District closes or has an early release due to inclement weather, than youth programs/activities will be cancelled. Photographs and/or video of program participants may be taken by MATTREC for our marketing and social media purposes only. If you do not wish for the participant to be photographed, please note on registration form. Refunds are issued only when a session is cancelled by Mattapoisett Recreation or if the participant enrolled in the program has a medical note from a physician’s office stating they are not able to participate in the program due to a medical condition. A $25- refund processing fee will be deducted from refund. For a complete list of MATTREC Policies visit <http://www.mattrec.net>.

Questions regarding this or any other MATTREC program please e-mail [mattrec@mattapoisett.net](mailto:mattrec@mattapoisett.net) or call 508-758-4548.